



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 5450.165  
BUMED-M09  
6 Feb 2006

BUMED INSTRUCTION 5450.165

From: Chief, Bureau of Medicine and Surgery  
To: All BUMED Codes and Regional Commanders

Subj: OFFICES OF THE SURGEON GENERAL AND CHIEF, BUREAU OF MEDICINE  
AND SURGERY ORGANIZATION

Ref: (a) OPNAVINST 5430.48D  
(b) OPNAVINST 5450.215C  
(c) OPNAVNOTE 5430 of 2 Jan 2002  
(d) ALNAV 131451Z of Jul 05  
(e) OPNAVNOTE 5450 of 10 Aug 2005  
(f) OPNAVNOTE 5450 of 29 Sep 2005  
(g) OPNAVNOTE 5450 of 1 Nov 2005

Encl: (1) Organizational Functions and Charts  
(2) Governance Boards and Meetings

1. Purpose. To describe Chief, Bureau of Medicine and Surgery (BUMED) and subordinate command relationships as outlined in enclosures (1) and (2).

2. Scope. This instruction applies to all Navy Medicine personnel and medical commands.

3. Cancellation. BUMEDNOTE 5430 of 16 Sep 2005; BUMEDINST 5430.6A; CH-1 of 26 Aug 2003; CH-2 of 9 Dec 2003; and CH-3 of 25 May 2004.

4. Policy

a. The Navy Surgeon General (N093) is an OPNAV Principal Official and serves additional duty as Chief, Bureau of Medicine and Surgery per references (a) through (c).

b. The Secretary of the Navy aligned all Navy Medical and Dental Commands under the military command of the Chief, Bureau of Medicine and Surgery per reference (d). To increase efficiencies and standardize processes, the Chief of Naval Operations (CNO) established the Navy Medicine Regional Commands under the authority and military command of the Chief, BUMED per references (e) through (g).

c. Chief, BUMED will continue to provide guiding principles and overarching policies for Navy Medicine, as well as exercise command and control authority. Regional

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Commanders are charged with governance within their defined geographic or functional areas of responsibility and delegated day-to-day operational control and resource execution authority.

d. Organizational structure changes are only authorized through change transmittals signed by Chief or Vice Chief, BUMED.

5. Responsibilities.

a. BUMED Deputy Chiefs of Staff and Regional Commands have responsibility for reviewing their organizational structure and functions; initiating necessary changes to achieve maximum efficiency; avoiding fragmentation and layering; consolidating functions; and assuring program priorities following current needs and availability of resources.

b. Vice Chief, BUMED (M09) must approve all BUMED and Regional organizational changes.

c. Chief of Staff (M09B) is the point of contact and coordinating authority for all change requests.

d. BUMED Secretariat (M09B5) is responsible for maintaining this BUMED instruction, providing administrative assistance to codes as necessary, and reviewing proposed changes for format and content.

6. Action. BUMED Deputy Chiefs of Staff and Regional Commands ensure familiarization and organizational alignment with this instruction.



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**MISSION AND FUNCTIONS OF  
THE SURGEON GENERAL OF THE NAVY AND  
CHIEF, BUREAU OF MEDICINE AND SURGERY**

**N093/M00, Surgeon General and Chief, Bureau of Medicine and Surgery**

1. Mission. Principal advisor to the CNO on the provision of centralized, coordinated policy development, guidance, and professional advice on health service programs for Department of the Navy (DON). Provides oversight on direct and indirect systems for providing health services to all beneficiaries in wartime and peacetime as authorized by law. Acquires sufficient resources to provide health services. Serves additional duty as the Chief, Bureau of Medicine and Surgery.

2. Authority and Responsibilities of the Surgeon General. The authority and responsibilities of the Surgeon General, as an OPNAV Principal Official, are derived from the statutory authority and responsibilities of CNO and Vice Chief of Naval Operations (VCNO) and such other authority and responsibilities as assigned by the Secretary of the Navy (SECNAV). The Surgeon General (SG) is responsible directly to CNO and VCNO for executing assigned functions and for his or her respective organizational components. Orders issued by the SG in performing his assigned duties have the force and effect of orders issued personally by CNO.

3. OPNAV Coordination Responsibility. In the performance of assigned duties and responsibilities, all officials of OPNAV are authorized and directed, except when otherwise prescribed, to communicate directly with each other and with external organizational authorities whenever cooperative action is appropriate. The objective of coordination is to preclude actions from overlapping, duplicating, or contradicting others or from countering CNO policy. The official assigned primary responsibility for a function is charged with effecting the necessary coordination and liaison required to execute that function.

4. Functions

a. Maintains cognizance of and provides capabilities supporting Force Health Protection requirements to operating Navy and Marine Corps forces in coordination with the Medical Officer of the Marine Corps.

b. Advises CNO on health care issues and medical training programs.

c. Advises the Assistant Secretary of Defense for Health Affairs (ASD(HA)) on Tri-service medical issues.

d. Commands BUMED and shore facilities assigned by CNO in adherence with policies and direction from the Offices of SECNAV, Joint Staff, and Secretary of Defense (SECDEF).

- e. Maintains the health of Navy and Marine Corps active duty members ensuring they are physically and mentally ready to carry out worldwide missions. Ensures Navy Medical personnel and material readiness.
- f. Provides health care delivery to all beneficiaries. Ensures acquisition and execution of health care resources budgeted for health services.
- g. Provides graduate medical and dental education consistent with current professional standards of practice.
- h. Develops and issues health care policies, directives, and publications.
- i. Directs organizational strategy to prevent, protect from, respond to, and recover from threats or attacks involving Navy Medicine. Develops and maintains “defensive weapon” medical capabilities and technologies enhancing medical surveillance, detection, and protection including biomedical research programs.
- j. Implements guidelines and monitors application of entrance, retention, and specialized physical standards examinations for Navy service.
- k. Provides professional and technical guidance for design, construction, manning, and equipping medical assets ashore and afloat.
- l. Conducts inspections of medical treatment facilities (MTFs) and provides investigation assistance on medical matters to Commanders within the Navy and Marine Corps.
- m. Monitors Regional Commanders’ effectiveness and mission performance.
- n. Sponsors and coordinates the Navy’s deployable medical systems (DEPMEDS), e.g., Expeditionary Medical Group Programs and hospital ships (T-AH).
- o. Accomplishes other functions as assigned by higher authority.

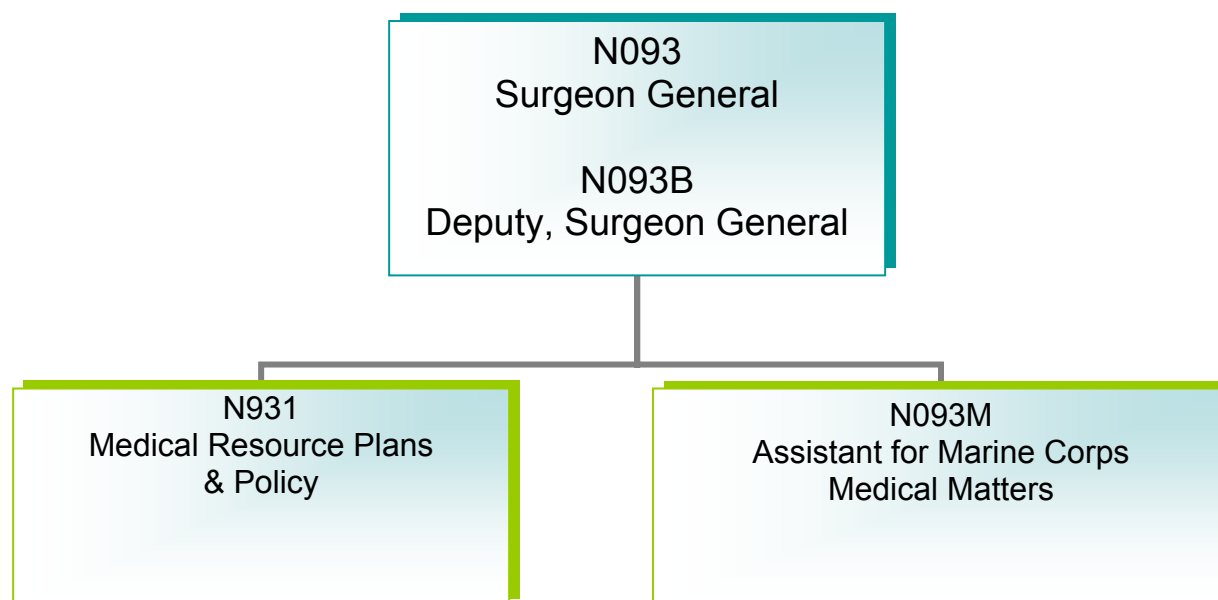
**093B/M09, Deputy Surgeon General and Vice Chief, Bureau of Medicine and Surgery**

1. Mission. Principal staff advisor to the SG on all Navy medicine matters. BUMED Chief Operating Officer. Acts as SG and Chief, BUMED in absence of incumbent for all matters not restricted by law.

2. Functions

- a. Provides oversight of Regional Commands and BUMED.
- b. Coordinates with Department of Defense (DOD), DON, and other Federal and nongovernmental agencies for personnel and material readiness, health care delivery, research, and public health needs of the operating forces of the Navy and Marine Corps and other beneficiaries.
- c. Exercises authorities and duties delegated or prescribed by the SG/Chief, BUMED.
- d. Provides oversight of health care management, acquisition, and execution of resources as set by legislation and policy.
- e. Serves as primary liaison with civil authorities in matters pertaining to public health, disasters, and other emergencies.
- f. Serves as primary intergovernmental liaison for other Government and civilian agencies, field commands, and BUMED on matters affecting the administration of Navy Medicine headquarters. Advises and assists representatives of these organizations in the interpretation and application of BUMED policy and provides guidance.

## OPNAV Echelon I Office of the Surgeon General



- Chief of Naval Operations (CNO) is Echelon I.
- The Navy Surgeon General (N093) is the CNO's principal official and also serves as the as Chief, BUMED Echelon II.
- The Deputy Surgeon General (N093B) also serves as the Vice Chief, BUMED Echelon II.
- Primary duty of N093M is Medical Officer of the Marine Corps (TMO).

## **Chief, Bureau of Medicine and Surgery Special Assistants**

Special Assistants report to Chief, BUMED as subject matter experts and to the Chief of Staff for issues involving staff administration. By-direction authority is issued to Special Assistants on matters pertaining to their expertise and position.

1. M00C, Corps Chiefs. The Corps Chiefs serve as principal advisors to Chief, BUMED for Medical Department Corps matters. Corps Chiefs/Directors manage and direct Corps policy and governance; provide corporate forum addressing community issues; recommend officers for assignment to senior Navy Medicine leadership positions; and develop criteria and processes ensuring the best and most fully qualified personnel are selected for positions of responsibility. The Dental Corps Chief is responsible for performing functions outlined in 10 U.S.C 513§5138.
2. M00FMC, Force Master Chief. The Force Master Chief serves as the principal senior enlisted advisor to Chief, BUMED. M00FMC also serves as the Director, Hospital Corps. The Force Master Chief advises Chief, BUMED on matters pertaining to the welfare, health, job satisfaction, retention, morale, utilization, and training of Medical Department enlisted personnel. M00FMC manages and directs Hospital Corps policy and governance; provides corporate forum for addressing enlisted issues; provides corporate representation on the Master Chief Petty Officer of the Navy's (MCPON) senior enlisted advisory panel; develops criteria and processes for the assignment of command senior enlisted leaders ensuring the most fully qualified personnel are selected.
3. M00G, Pastoral Care Director. M00G serves as the principal advisor to the Chief, BUMED on religious matters and issues pertaining to the spiritual health of Navy Medicine personnel. M00G provides coordination, oversight, and guidance to all Navy Medicine pastoral care departments and is the BUMED liaison with Services, DOD, and Federal agency counterparts.
4. M00I, Chief Information Officer (CIO). The CIO is the principal advisor to Chief, BUMED on matters pertaining to the Military Health System (MHS) Information Management/Information Technology (IM/IT) strategic initiatives and the resulting impact on the business practices of Navy Medicine. M00I serves as BUMED liaison with DON CIO and Navy Marine Corps Intranet (NMCI). The CIO is a member of the Tri-Service Portfolio Management Oversight Committee and DON Information Technology Management Governance Council.
5. M00IG, Medical Inspector General (MEDIG). On behalf of Chief, BUMED, the MEDIG conducts investigations and organizational assessments of and consultation for Navy Medicine. M00IG serves as the BUMED liaison with the Navy Inspector General (IG); the Deputy Navy IG for Marine Corps Matters/Inspector General of the Marine Corps; the Commander, Fleet Forces Command IG; and civilian and government agency inspector offices.

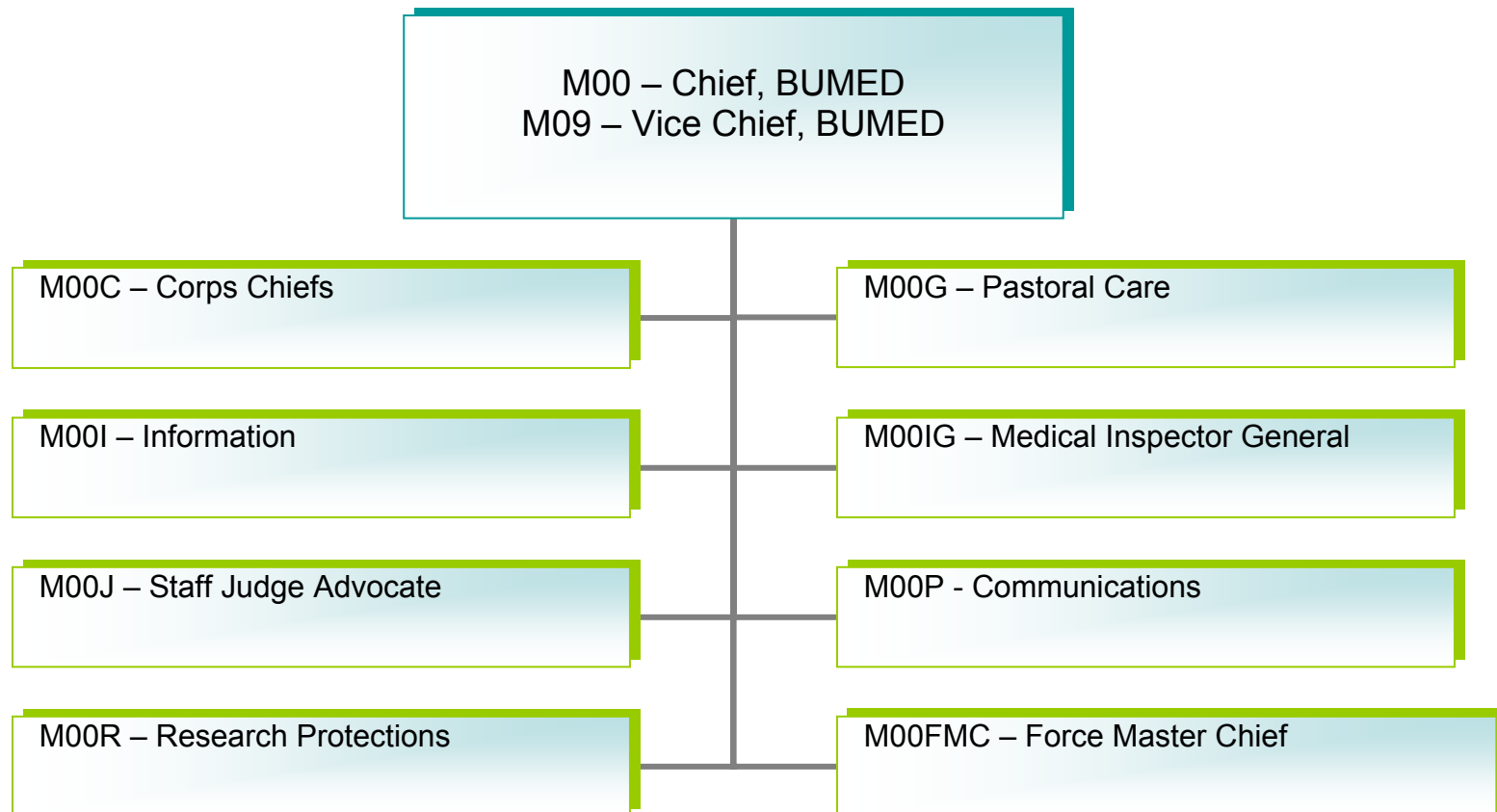
6. M00J, Staff Judge Advocate (SJA). The SJA is the principal legal advisor to Chief, BUMED on medico-legal strategies, fiscal law, military justice and discipline for Navy Medicine. M00J provides advice on subpoenas, litigation, expert testimony, Freedom of Information Act (FOIA), Privacy Act (PA), and Health Insurance Portability and Accountability Act (HIPAA). M00J directs Navy Medicine's Adverse Privileging Actions Program providing guidance and reporting requirements and is the designated Navy Medicine Ethics Counselor. M00J provides continuing education and training for subordinate SJAs and Command Judge Advocates. M00J conducts legal review of clinical investigation protocols and human subjects research. M00J serves as the legal liaison with DON, DOD, other Federal Government agencies, and also interacts with the Navy claims attorneys and Assistant United States Attorneys in defense of medical malpractice claims.

7. M00P, Communications Director. M00P is the principal advisor to Chief, BUMED on internal and external communication requirements for Navy Medicine. M00P responds to public and media inquiries to include requests for information from DOD and congressional representatives. M00P provides public and legislative affairs guidance for Navy Medicine and serves as the liaison with DON, DOD, and members of Congress. M00P maintains the Navy Medicine historical information program.

8. M00R, Research Protections Director. M00R is the principal advisor to Chief, BUMED on human and animal research protections. M00R provides subject matter expertise and direction to the DON Human Research Protection Program (HRPP); humane care and use of animals in research, testing, teaching, and training programs conducted or sponsored by DON activities and administrative review of research protocols. M00R reviews and approves DOD and DON assurances for the protection of human research subjects. M00R provides guidance for obtaining and maintaining accreditation for animal care facilities through the Association for the Assessment and Accreditation of Laboratory Animal Care (AAALAC).



## Chief, BUMED Special Assistants



Note: Special Assistants (except M00IG) report to Chief, BUMED as subject matter experts. In matters of BUMED staff management, Special Assistants report to the Chief of Staff. M00IG reports directly to Chief, BUMED.

## **Command and Control Activities**

1. Bureau of Medicine and Surgery. Echelon 2 headquarters activity located at 2300 E Street, NW, Washington, DC 20372-5300. Provides policy oversight and command and control over all Navy Medicine.

a. Command Relationships. Command is central to all military actions, and unity of command is central to unity of effort. Inherent in command is the authority that a military commander lawfully exercises over subordinates in assigning missions and expecting accountability for attainment. Although commanders may delegate authority to accomplish missions, they may not absolve themselves of the responsibility for mission attainment. Commanders have staff to assist them in the decision making and execution process. The staff is an extension of the commander: its sole function is command support. "Staff channel" is a term used to describe the channel by which staff officers contact their counterparts at higher, adjacent, and subordinate headquarters. These staff-to-staff contacts are for coordination and cooperation only. Higher headquarters staff officers exercise no independent authority over subordinate staffs.

b. Regional Commands. There are four Echelon 3 Regional Commands: Navy Medicine East, Navy Medicine West, Navy Medicine National Capital Area, and Navy Medicine Support Command. Flag-level officers, as Regional Commanders, serve as single points of reference for all Navy Medicine health care and support services. Regional Commanders exercise fiscal oversight of subordinate commands. Navy Medicine West, East, and National Capital Area provide execution of medical, dental, and other health care services to their regional area of responsibility in an efficient and effective manner. Navy Medicine Support Command ensures effective execution of support services and exercises command and fiscal oversight of subordinate commands. Regional Commanders report directly to Chief, Bureau of Medicine and Surgery.

### Echelon Chain of Command

- 1 Chief of Naval Operations
- 2 Chief, Bureau of Medicine and Surgery
- 3 Commander, Navy Medicine East, Portsmouth, VA
- 4 Commander, Naval Medical Center, Portsmouth, VA
- 4 Commanding Officer, Naval Hospital Pensacola, FL
- 4 Commanding Officer, Naval Hospital Jacksonville, FL
- 4 Commanding Officer, Naval Hospital Corpus Christi, TX
- 4 Commanding Officer, Naval Hospital Beaufort, SC

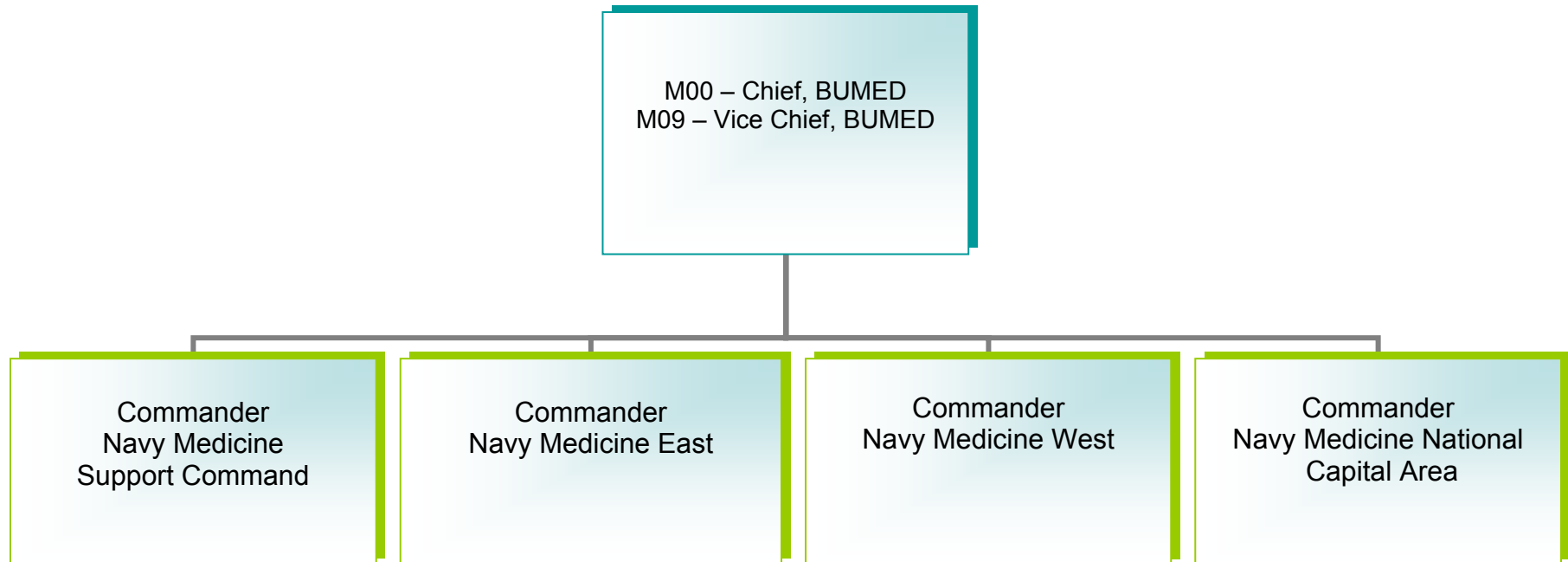
Echelon   Chain of Command

4	Commanding Officer, Naval Hospital Charleston, SC
4	Commanding Officer, Naval Hospital Cherry Point, NC
4	Commanding Officer, Naval Hospital Camp Lejeune, NC
4	Commanding Officer, Naval Hospital Great Lakes, IL
4	Commanding Officer, Naval Health Care New England Newport, RI
4	Commanding Officer, Naval Hospital Naples, IT
4	Commanding Officer, Naval Hospital Sigonella, IT
4	Commanding Officer, Naval Hospital Guantanamo Bay, Cuba
4	Commanding Officer, Naval Hospital Rota, SP
4	Commanding Officer, Naval Hospital Keflavik, IC
4	Commanding Officer, Naval Health Clinic London, UK
3	Commander, Navy Medicine West, San Diego, CA
4	Commander, Naval Medical Center San Diego, CA
4	Commanding Officer, Naval Hospital Twentynine Palms, CA
4	Commanding Officer, Naval Hospital Lemoore, CA
4	Commanding Officer, Naval Hospital Oak Harbor, WA
4	Commanding Officer, Naval Hospital Camp Pendleton, CA
4	Commanding Officer, Naval Hospital Bremerton, WA
4	Commanding Officer, Naval Health Clinic Pearl Harbor, HI
4	Commanding Officer, Naval Hospital Guam
4	Commanding Officer, Naval Hospital Yokosuka, JP
4	Commanding Officer, Naval Hospital Okinawa, JP
3	Commander, Navy Medicine National Capital Area, Bethesda, MD
4	Commander, National Naval Medical Center, Bethesda, MD
4	Commanding Officer, Naval Health Clinic Annapolis, MD
4	Commanding Officer, Naval Health Clinic Quantico, VA
4	Commanding Officer, Naval Health Clinic Patuxent River, MD
3	Commander, Navy Medicine Support Command, Jacksonville, FL (OIC, NMSC Det, Military Medical Support Office, Great Lakes, IL)
4	Commanding Officer, Naval Medical Education and Training Command, Bethesda, MD
5	Commanding Officer, NSHS Portsmouth, VA
5	Commanding Officer, NSHS San Diego, CA (OIC, NSHS San Diego Detachment, Academy of Health Sciences, Fort Sam Houston, TX) (OIC, NSHS San Diego Detachment, Sheppard AFB, Wichita Falls, TX)
5	Commanding Officer, Naval Hospital Corps School, Great Lakes, IL

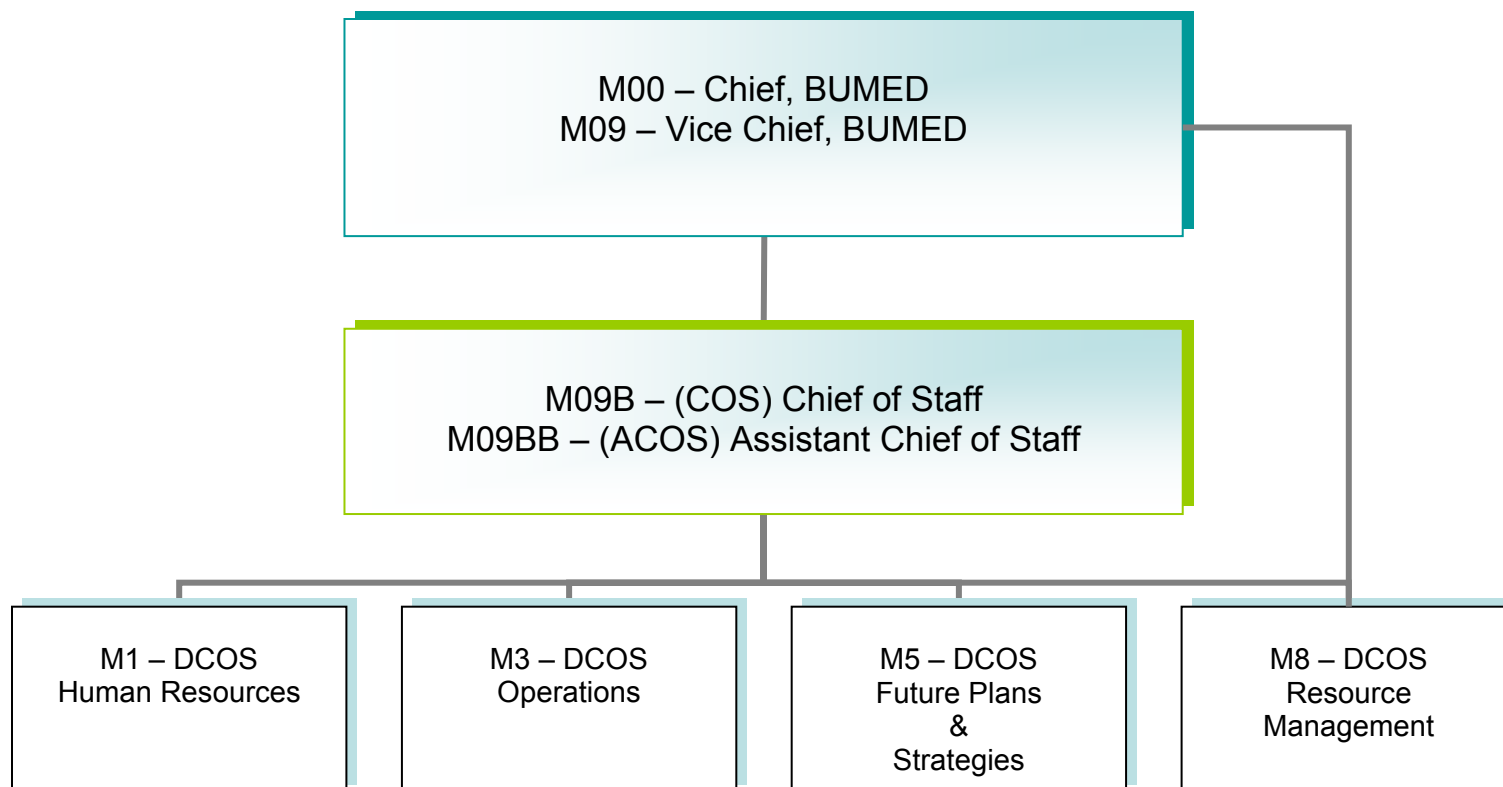
Echelon   Chain of Command

- 5    Commanding Officer, Naval Operational Medicine Institute, Pensacola, FL  
      (OIC, Naval Operational Medicine Institute Detachment, Naval Aerospace  
      Medicine Institute, Pensacola, FL)  
      (OIC, Naval Operational Medicine Institute Detachment, Naval Undersea  
      Medical Institute, Groton, CT)
- 5    (OIC, Naval Operational Medicine Institute Detachment, Surface Warfare  
      Medicine Institute, San Diego, CA)  
      (OIC, Naval Operational Medicine Institute Detachment, Navy Expeditionary  
      Medical Training Institute, Camp Pendleton, CA)  
      (OIC, Naval Survival Training Institute, Pensacola, FL)
- 4    Commanding Officer, Navy Environmental Health Center, Portsmouth, VA  
      (OIC, Navy Environmental Health Center Detachment, Bethesda, MD)
- 5    Commanding Officer, Navy Drug Screening Lab, Jacksonville, FL
- 5    Commanding Officer, Navy Drug Screening Lab, Great Lakes, IL
- 5    Commanding Officer, Navy Drug Screening Lab, San Diego, CA
- 5    OIC, Navy Environmental & Preventive Medicine Unit No. 2, Norfolk, VA
- 5    OIC, Navy Environmental & Preventive Medicine Unit No. 5, San Diego, CA
- 5    OIC, Navy Environmental & Preventive Medicine Unit No. 6, Pearl Harbor, HI
- 5    OIC, U.S. Navy Environmental & Preventive Medicine Unit No. 7, Sigonella, IT
- 5    OIC, Disease Vector Ecology Control Center, Jacksonville, FL
- 4    Commanding Officer, Naval Medical Logistics Command, Fort Detrick, MD
- 5    Commanding Officer, Naval Ophthalmic Support and Training Activity,  
      Yorktown, VA
- 5    Commanding Officer, Navy Expeditionary Medical Support Command,  
      Williamsburg, VA
- 4    Commanding Officer, Naval Medical Research Center, Silver Spring, MD  
      (OIC, U.S. Naval Medical Research Center Detachment, Lima, Peru)
- 5    Commanding Officer, Naval Institute for Dental and Biomedical Research,  
      Great Lakes, IL
- 5    Commanding Officer, U.S. Naval Medical Research Unit No. 2, Jakarta,  
      Indonesia
- 5    Commanding Officer, U.S. Naval Medical Research Unit No. 3, Cairo, Arab  
      Republic of Egypt
- 5    Commanding Officer, Naval Health Research Center, San Diego, CA  
      (OIC, Naval Health Research Center Detachment, Directed Energy Bioeffects  
      Laboratory, Brooks City-Base TX)  
      (OIC, Naval Health Research Center Detachment, Environmental Health  
      Effects Laboratory, Wright-Patterson AFB, OH)  
      (OIC, Naval Aerospace Medical Research Laboratory, Pensacola, FL)  
      (CO, Naval Submarine Medical Research Laboratory, New London, Groton, CT)
- 4    Commanding Officer, Naval Medical Information Management Center,  
      Bethesda, MD

## Bureau of Medicine & Surgery Echelon II Command & Control of Regional Commands



## Bureau of Medicine & Surgery Echelon II Headquarters for Chief, BUMED



M8 Note: Per SECNAVINST 7000.27 CH-1: Comptroller (M8) reports directly to Chief, BUMED for financial matters and reports to Chief of Staff for administrative purposes.

**M09B, Chief of Staff**

1. Mission. Provides leadership, management, and staff coordination for BUMED headquarters operations. Point of contact and coordinating authority for Regional Chiefs of Staff. By-direction authority is issued to the Chief of Staff and Assistant Chief of Staff for matters listed below.

2. Functions

a. Provides oversight, coordination, and direction for the BUMED staff. Establishes headquarters priorities, administrative processes, and internal policies.

b. Exercises final approval authority over resource and personnel allocation within the BUMED Headquarters.

c. Serves as primary point of contact for Regional Commands requesting Headquarters administrative action or support services.

d. Directs formation of BUMED Emergency Operations Center during crisis response.

e. Coordinates Secretariat to ensure all taskers are accurately assigned, tracked, and completed in a timely manner.

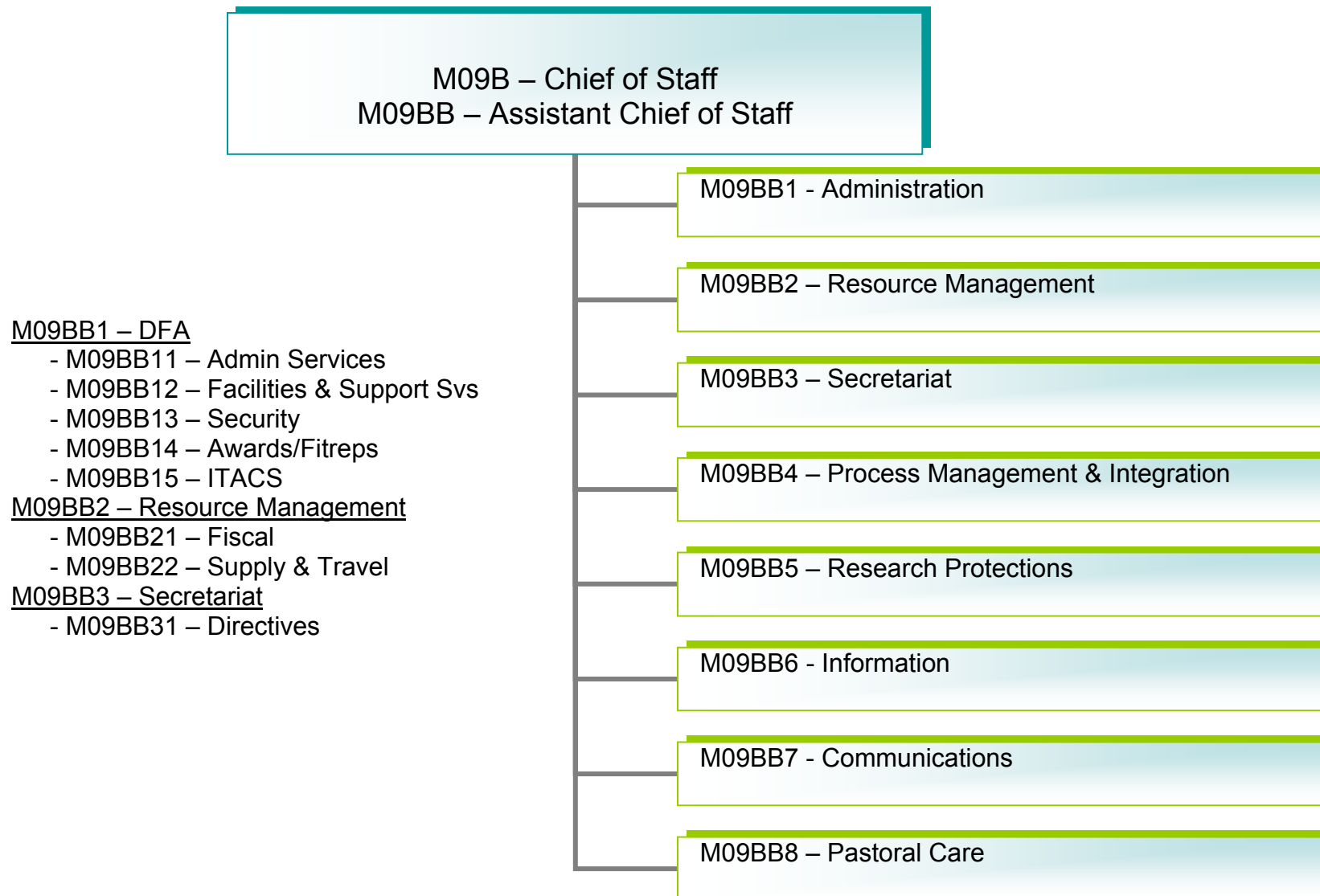
f. Functions as reporting senior for all BUMED enlisted performance evaluation and fitness reports.

g. Monitors and reports to Chief, BUMED morale and welfare of headquarters personnel.

h. Coordinates with Office of the Attending Physician to Congress.

i. Supervises administrative functions of Special Assistants.

# Chief of Staff





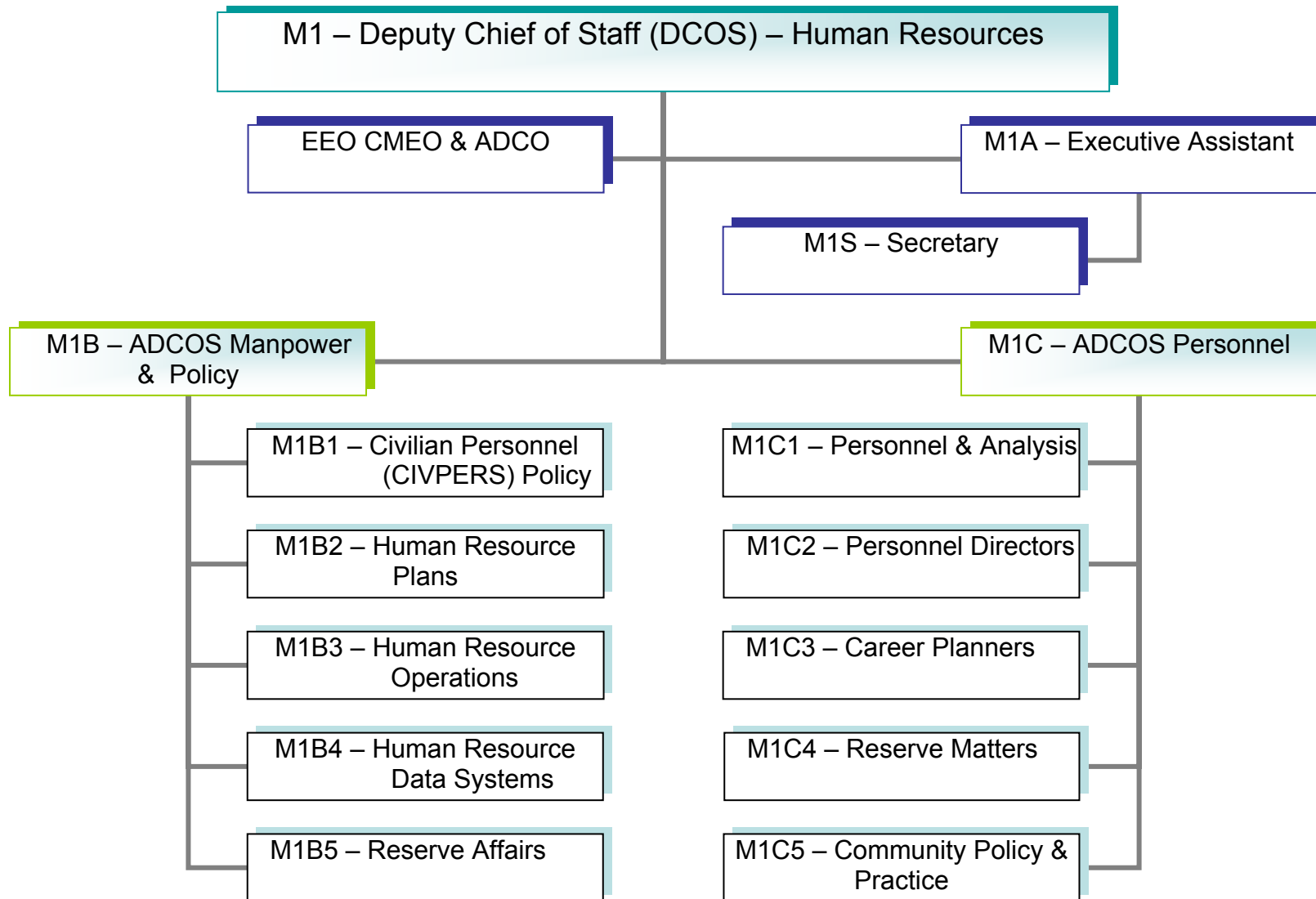
## **M1, Deputy Chief of Staff for Human Resources**

1. Mission. Principal staff advisor for Navy Medicine Total Force (active duty, reserve, civilian, and contractor) manpower, personnel, training and education (MPT&E) policies, programs, and practices. Liaison with Corps Chiefs and Force Master Chief. Budget Submitting Office advisor for the Equal Opportunity and Alcohol/Drug Control programs. By direction authority is issued to the Deputy Chief and Assistant Deputy Chief of Staff (ADCOS) for Human Resources on matters listed below.

### 2. Functions

- a. Coordinates and drafts Navy Medicine policy for Total Force requirements.
- b. Provides guidance and coordination for staffing standards and workload, end-strength allocation, recruitment, accession, classification, training, assignment, promotion, advancement, utilization, special pays and career development. Reports program impacts on personnel and financial resources.
- c. Provides Navy Medicine program oversight for manpower and personnel related Program Objective Memorandum (POM) and budget submissions to higher authority; justifies and tracks Total Force programmed resources through the budget process; executes outcomes.
- d. Provides program oversight for BUMED military and civilian equal opportunity programs and for military Alcohol and Drug Control (ADOC) programs.
- e. Ensures MPT&E liaison with DOD, DON (to include Navy Personnel Command (NAVPERSCOM)), and Navy and Fleet commanders.
- f. Serves as Interservice Training Review Organization (ITRO) Advisor for Health Care.
- g. Provides Navy Medicine oversight for Major Claimant Visual Information Management Office (MCVIMO).
- h. Provides oversight of Navy Medicine's diversity program.

# M1 – Human Resources



### **M3, Deputy Chief of Staff for Operations**

1. Mission. Principal staff advisor for Navy Medicine health services. Develops health services policy and directs the provision of medical and dental services as authorized by law or regulations for Navy and Marine Corps personnel, other uniformed Services personnel, their family members, retired members and their family members, eligible survivors of deceased members, Federal civilian employees, and other categories of persons. Coordinates and drafts policies and directives related to current operations and platform readiness plans; public health and safety programs; undersea, surface, aerospace, occupational and preventive medicine programs; and special programs pertaining to qualifications and standards review, blood program, human immunodeficiency virus (HIV), women's health, operational survival training, and homeland security. By-direction authority is issued to the Deputy Chief and Assistant Deputy Chief of Staff for Operations on matters listed below.

#### **2. Functions**

a. Develops and promotes medical and dental clinical practice strategies and programs improving quality of care, health care outcomes, patient satisfaction, patient privacy, and total force protection and public health services.

b. Coordinates and drafts Navy Medicine policies for beneficiary and Secretarial Designee eligibility, health benefits, decedent affairs, non-navy medical and dental care, health records, medical evacuation, patient satisfaction, and patient disposition. Provides technical guidance for Navy Medicine's quality assurance program specific to by-laws, credentials, and privileges. Manages medical support for: Exceptional Family Member (EFM); Educational and Developmental Intervention Services (EDIS); Suitability Screening; Incapacitation Determination; Family Advocacy Programs (FAP); and morale, welfare, and recreation (MWR) including child development centers and the management of bachelor quarters at Navy Medicine activities.

c. Coordinates and drafts policy for medical logistics support systems, contractual agreements, and technologies.

d. Develops and coordinates Navy public health policy.

e. Coordinates and drafts Navy Medicine implementation guidance for organ, tissue donation, transplantation, and tumor registry programs.

f. Develops guidance and tools for MTFs to support development of their annual business plans.

g. Serves as Navy Medicine's primary liaison in providing medical and dental support to the fleet surgeons and to the force medical officers of the Navy and Marine Corps.

h. Provides medical readiness planning to support forces engaged in contingency operations, peacekeeping, and disaster relief missions. Coordinates and drafts Navy Medicine plan supporting civilian-military disaster preparedness partnerships.

i. Provides oversight of physical standards and qualifications for all accessions, retention, and training programs. Reviews medical waivers and physical qualification standards for specific operational assignments including undersea, aerospace, and special operations.

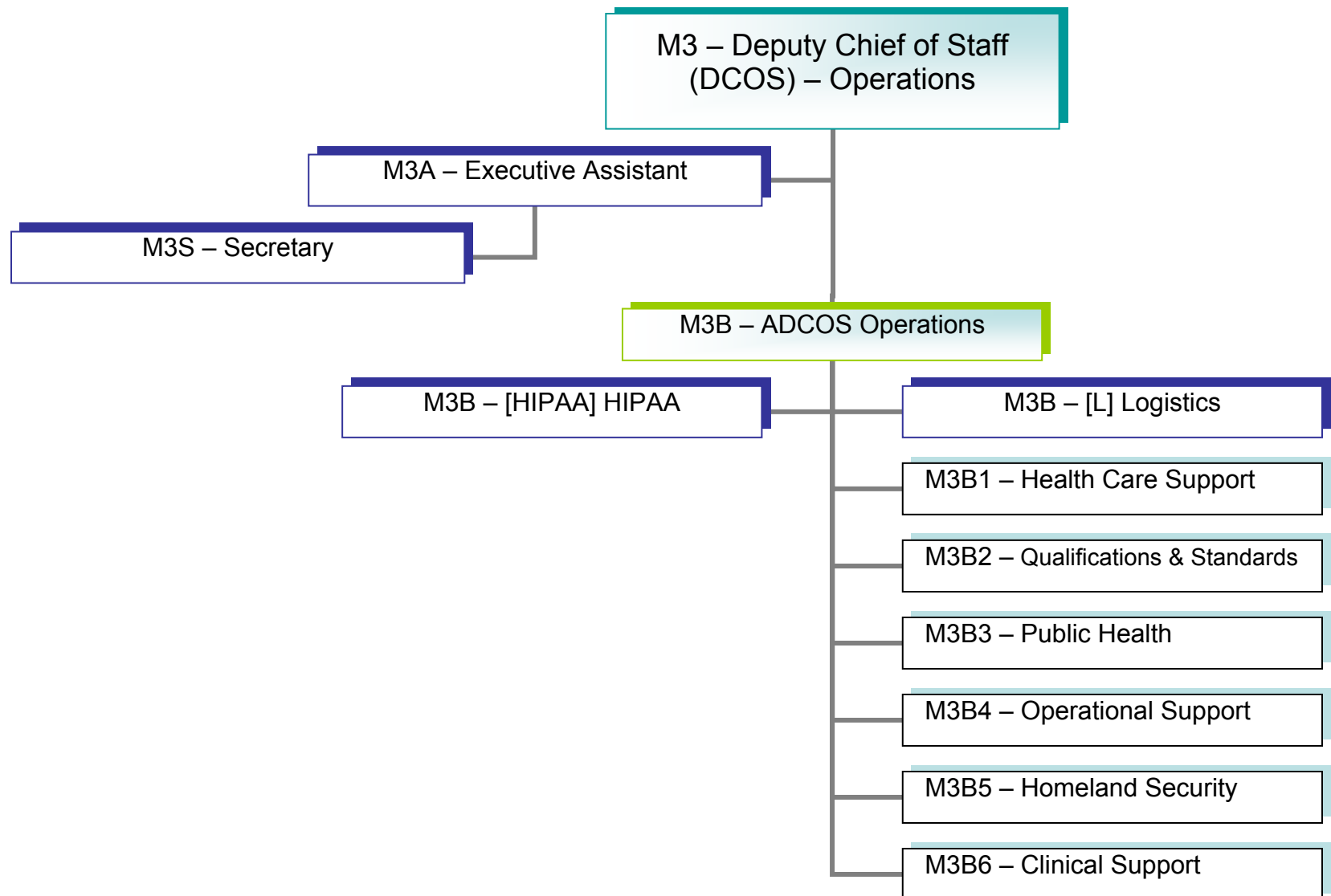
j. Manages Navy Medicine Life Cycle Facility Management and Military Construction (MILCON) Programs. Provides guidance and consultation for clinical business and facilities management proposals and projects.

k. Directs Navy Blood Program (NBP), ensuring compliance with licensing and regulatory requirements. Provides Navy Medicine guidance for pharmacy, laboratory, and imaging services.

l. Develops, implements, and monitors substance abuse treatment programs in coordination with line commands, NAVPERSCOM, and Headquarters, U.S. Marine Corps (HQ USMC).

m. Develops, implements, and monitors safety programs in coordination with line commands, NAVPERS, and HQ USMC.

## M3 - Operations



## **M5, Deputy Chief of Staff for Future Plans and Strategies**

1. Mission. Principal staff advisor for Navy Health Services future planning. Projects and recommends Navy Medicine requirements to support the National Military Strategy. Projects and recommends Navy Medicine plans, policy, and requirements supporting joint doctrine. By-direction authority is issued to the Deputy Chief and Assistant Deputy Chief of Staff for Future Plans and Strategies on matters listed below.

### **2. Functions**

a. Coordinates future Navy and Marine Corps medical support based on line requirements and projected transformation of expeditionary, undersea, surface, and aerospace medicine programs.

b. Develops, in conjunction with N931, future land and sea based medical delivery capabilities consistent with fleet and Fleet Marine Force requirements.

c. Monitors global threats and assesses risk against Navy medical resources, manning, and training capabilities. Provides gap analysis and recommended solutions.

d. Develops, in conjunction with Navy Medicine Support Command, priorities for research and development across the full spectrum of operational requirements in support of Sea Power 21 and Marine Corps Strategy 21.

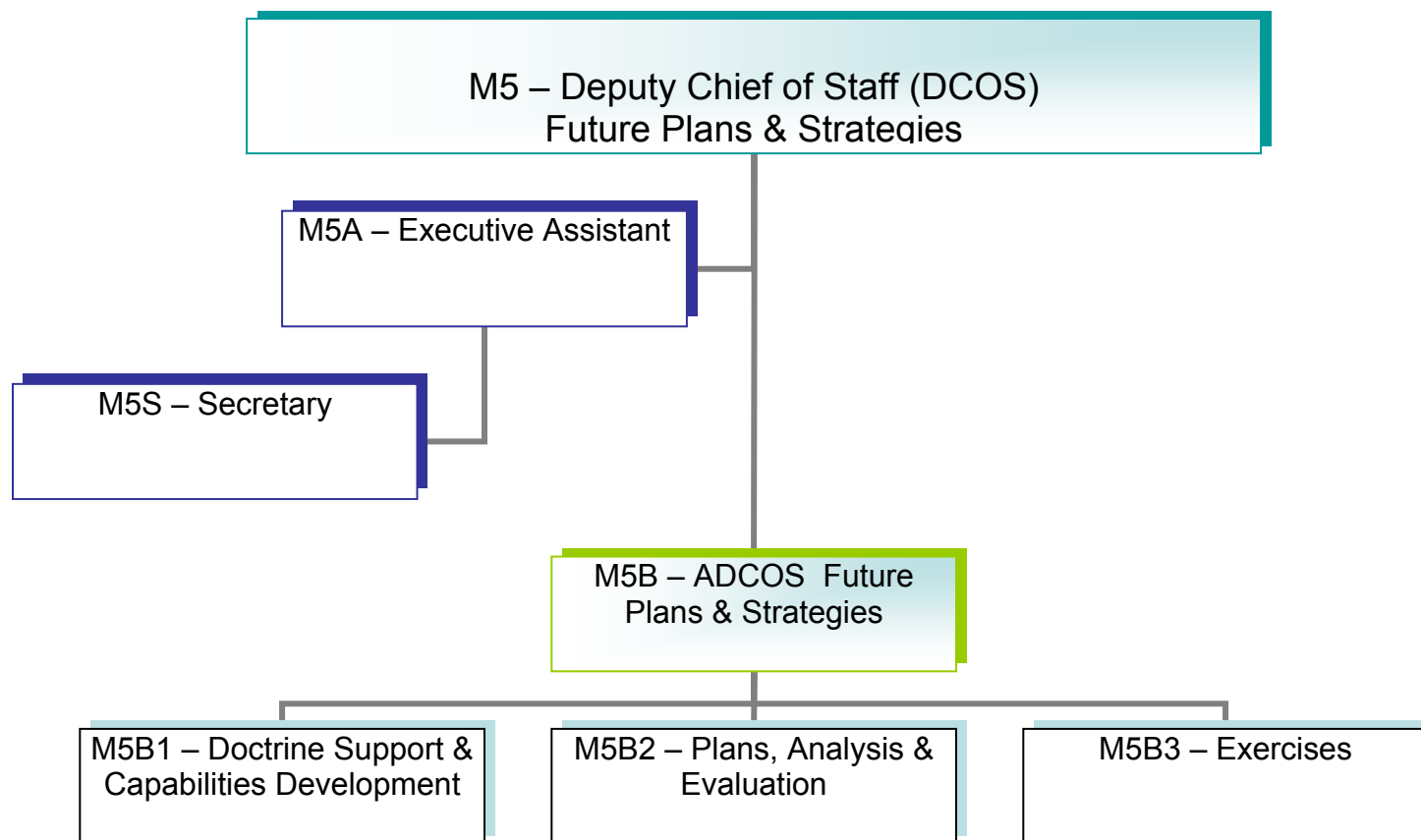
e. Coordinates action between the Navy Warfare Combat Development Center, N931, Navy Medicine Support Command and the Navy Expeditionary Medicine Training Institute in transforming future medical capabilities utilizing the Doctrine, Organization, Training, Materiel, Leadership and Education, Personnel and Facilities (DOTMLPF) process.

f. Maintains liaison with Defense Medical Standardization Board, Joint Readiness Oversight Council, Combat Development Center, and other DOD, DON, Federal and non-federal agencies and organizations.

g. Coordinates with N931 on doctrine development, review, and maintenance related to Navy Medicine operational capabilities.

h. Collaborates with N931 on Navy Medicine participation in line-side exercise participation and procedural guidance and requirements. Designs, plans, and manages Navy Medicine Exercise Program.

## M5 – Future Plans and Strategies



**M8, Deputy Chief of Staff for Resource Management/Comptroller**

1. Mission. Principal advisor for financial resources and fiduciary processes in response to OPNAV, SECNAV, SECDEF, Office of Management and Budget (OMB), and Congress. Develops principles, policies, and procedures ensuring effective financial resource management. By-direction authority is issued to the Deputy Chief and Assistant Deputy Chief of Staff for Resource Management on matters listed below.

2. Functions

a. Interprets DON and OSD financial guidance; develops BUMED policies for budget process execution. Provides procedures and feedback mechanisms ensuring fiduciary responsibilities are supported with timely appraisal to BUMED, DON, and OSD. ADDU to ASN (FM&C) per SECNAVINST 7200.27, CH-1.

b. Advises Headquarters and Regional Commands on financial effects of higher authority proposed directions and policies. Formulates Navy Medicine position on proposals and counter proposals.

c. Represents Navy Medicine for resource matters to DOD and DON.

d. Advises on resource implications of proposed ASD(HA)/TMA, OMB, congressional policies and proposed policies of the Army and Air Force with Tri-service implications.

e. Maintains Navy Medicine financial control, jurisdiction, and statutory responsibility subject to 31 U.S.C. §1517 and §1301(a) for all appropriations. Issues resource authorizations to Regional Commands. Monitors and provides guidance on resource execution.

f. Conducts and integrates planning and programming into the budget process by translating manpower, material resources, and facility requirements into phased financial resources. Builds POM submission for future Defense Health Programs (DHP) requirements.

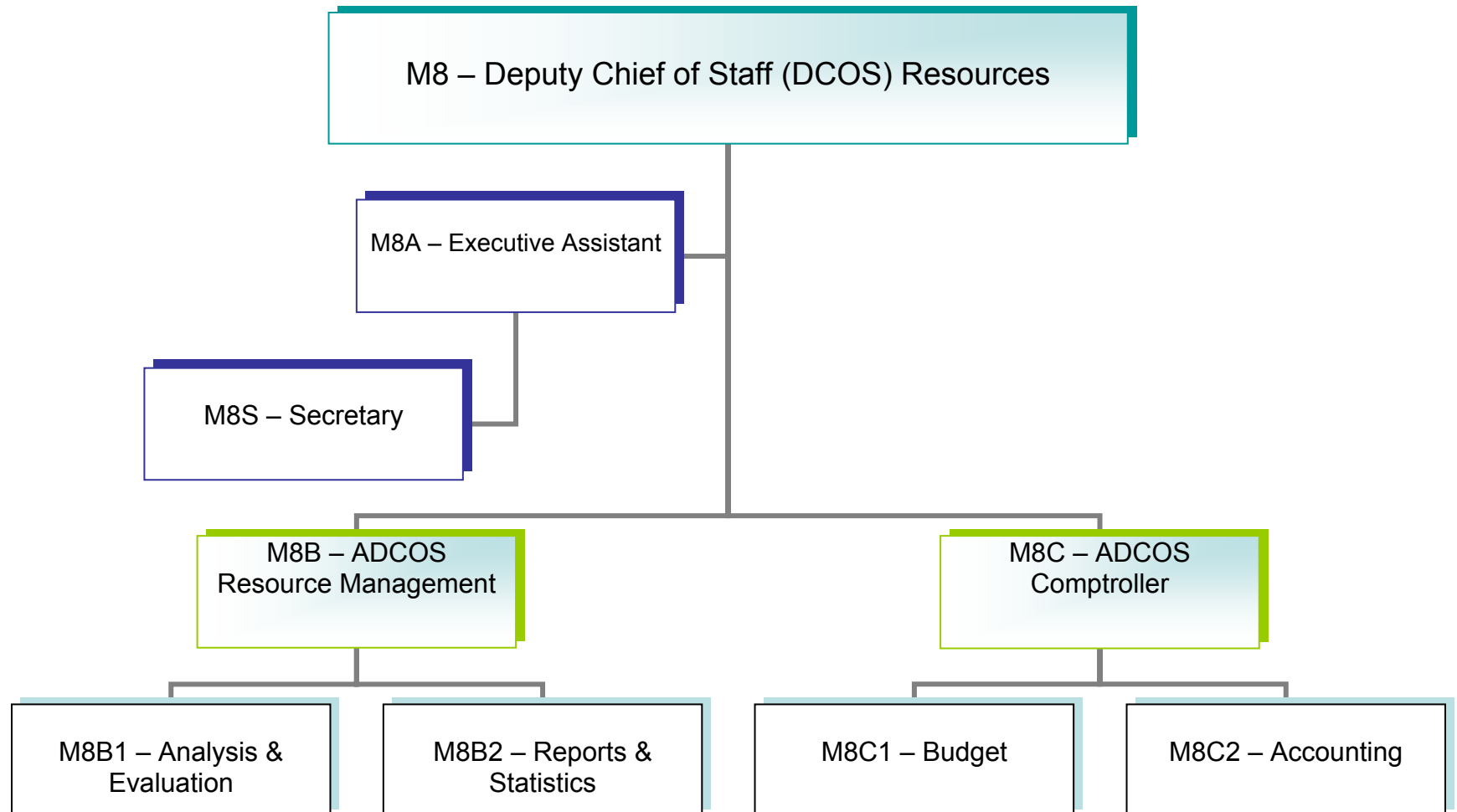
g. Reviews and makes recommendations on approval requests for all comptroller organizations of subordinate activities.

h. Oversees management control program for all Navy Medicine commands.

i. Advises Corporate Executive Board and Regional Commanders on matters pertaining to planning, programming, budgeting, and execution.



## M8 - Resources



## **Governance Boards and Meetings**

### **Flag Council**

Flag-level advisory and information forum. Meets quarterly.

### **Corporate Executive Board (CEB)**

BUMED, TMO, and OPNAV Flag and senior civilian leadership and Force Master Chief meeting to discuss strategy, policy, resources, performance, and organizational alignment issues. Weekly meetings are chaired by Vice Chief, BUMED. CEB and Regional Commanders comprise the Resource Requirements Review Board per BUMEDINST 5420.14A.

### **Council of Corps Chiefs**

Forum to discuss career development, Senior Executive Management, Senior Operational/Major Staff slates, Total Force Integration strategy, cultural diversity strategy, and Navy Medicine leadership competencies. Monthly meetings chaired by Vice Chief, BUMED.

### **Regional Commander Business Meeting**

BUMED and Regional Command leadership forum to discuss health care and support delivery issues, resources, and business plan performance. Bi-weekly meetings chaired by Vice Chief, BUMED.

### **Regional Chief of Staff Business Meeting**

BUMED and Regional Chiefs of Staff leadership forum to discuss health care and support delivery issues, resources, and business plan performance. Bi-weekly meetings chaired by Chief of Staff, BUMED.

### **Deputy Chief of Staff Business Meeting**

Chartered by BUMED Chief of Staff to conduct BUMED headquarters specific business functions. Membership includes Assistant Deputies of the Corporate Executive Board (CEB) members. Routine functions include: Position Management Board; Space Utilization Board; and conducting monthly Informational Forum. Weekly meetings chaired by Deputy Chief of Staff, BUMED.

The Informational Forum, held every 4-6 weeks, is open to all Assistant Deputies, Directors, and Executive Assistants (EAs) and is focused on enhancing communication across and between individual codes and the Chief of Staff.

### **BUMED Executive Assistant Meeting**

Forum to share current information on upcoming BUMED activities/responsibilities and policy changes and facilitate timely communication across Codes. Attendees include Code EAs and Administrative Assistants. Weekly meetings chaired by BUMED Chief of Staff EA.